

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	<i>m9</i>		<i>7/5/01</i>
<b>FORMALITY REVIEW</b>	<i>132</i>	<i>TC3-883</i>	<i>08-15-01</i>
<b>RESPONSE FORMALITY REVIEW</b>	<i>HC</i>	<i>712</i>	<i>10-19-01</i>

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Final	Original	Date
1	✓	1	10-19-01
2	✓	2	
3	✓	3	
4	✓	4	
5	✓	5	
6	✓	6	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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10-19-01  
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